Labor Organization Officer and Employee Report

U.S. Department of Labor

Employment Standards Adminimation
Office of Labor-Management Surds





This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 07-31-2004

Name and address of person filing		2. Name and address	of labor organization	
Christine Kerber, Vice President Local 99 810-A 31st Street 2nd Floor Union City, NJ 07087				
. Position in labor organization	4. Date fiscal year	ended	5. File number (if a	assigned)
	12/31/2001		None 9	19.5 5
nter appropriate data below if, during the past erests (except as specified in the exclusions a	et forth in the instruct	ur spouse or minor chil ilons):	d directly or indirectly h	ad any of the following in-
 Held an interest in, engaged in transactions employer whose employees your organiza 	(including loans) with tion represents or is a	, or derived income or ctively seeking to represe	other economic benefit ont.	of monetary value from an
Name of Employer		Address of Employer	275 C	3343 773
UNITE			New York, NY 1000	l lith Floor
Nature of Interest, Transaction or Income				
Member of the Board of Directors Held an interest in or derived income or econ- from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which or	omic benefit with mone g with the business of a consists of buying from	tary value from a busing n employer whose employer or selling or leasing direct	•ss (1) a substantial part	ion represents or is actively
organization or with a trust in which your labor. Name of business.	organization is intereste			
		Address of business		
Amalgamated Bank Of New York			15 Union Square New York, NY 10003	
Business deals with—		10. If 9B or 9C is check	ked give trust or employer	
☐ A. Labor Organization ☐ B. Trust	C. Employer			
50 Class A/Voting Shares and 50 J	genco/Fieliered i	s shares valued at	\$ 282,00 per share	OCT 29 2003 Que 19405
Received from any employer (other than are any payment of money or other thing of value	employer covered und	er parts A and B above)	or from any labor relation:	s consultant to an employer
. Name and address of employer	or consultant	14. Nature of payment		
V				
None		None		
IF MOR				
. Signature and verification—The undersigned	E SPACE IS NEEDED	ATTACH ADDITIONAL	SHEET\$	
the attachments incorporated therein or refer correct and complete.	d declares, under the ap	oplicable penalties of the	law, that all of the informa	ation in this report, including knowledge and belief, true,
the attachments incorporated therein or refer	d declares, under the ap	oplicable penalties of the s been examined by him	law, that all of the informa	etion in this report, including knowledge and belief, true,